

Medical Plans Comparison Chart

Coverage Details	CalPERS HMO	CalPERS Kaiser HMO	CalPERS Select PPO & PERSChoice PPO*		CalPERS PERSCare PPO *		CalPERS PORAC PPO *	
	Anthem Blue Cross: Select & Traditional; Blue Shield: Access & NetValue; Health Net: Salud y Mas & SmartCare; Sharp Performance Plus; UnitedHealthcare		In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Calendar Year Deductible	None	None	\$500 individual \$1,000 family (combined)		\$500 individual \$1,000 family (combined)		\$300 individual \$900 family	\$600 individual \$1,800 family
Out-Of-Pocket Maximum	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family	None	\$2,000 individual \$4,000 family	None	\$3,300 individual \$6,600 family	
Physician Office Visits (including Mental Health and Substance Abuse)	\$15 co-pay/visit	\$15 co-pay/visit	\$20 co-pay/visit	You pay 40%	\$20 co-pay/visit	You pay 40%	\$20 co-pay/visit	You pay 10%
Diagnostic Lab & X-Ray	No charge	No charge	You pay 20%	You pay 40%	You pay 10%	You pay 40%	You pay 10%	You pay 10%
Emergency Room	\$50 co-pay/visit; waived if admitted	\$50 co-pay/visit; waived if admitted	You pay 20% after \$50 deductible	You pay 20% after \$50 deductible	You pay 10% after \$50 deductible	You pay 10% after \$50 deductible	You pay 10%	
Urgent Care Non-Emergency	\$15	\$15	\$20	40%	\$20	40%	50%	
Hospital Services	No charge	No charge \$15 outpatient facilities/ surgery services	You pay 20% 20%-30% (PERS select only) Hospital Tiers	You pay 40%	You pay 10% (\$250/ admission inpatient facility deductible)	You pay 40% (\$250/ admission inpatient facility deductible)	You pay 10%	You pay 10%
Chiropractic/ Acupuncture	\$15 20 Combined visits per year	\$15 20 Combined visits per year	You pay 20%; up to 15 visits/cal. year (combined)	You pay 40%; up to 15 visits/cal. year (combined)	You pay 10%; up to 20 visits/cal. year.(combined w/out-of-network)	You pay 40%; up to 20 visits/cal. year (combined)	\$20 Up to 20 visits/calendar year	\$35 per visit
Durable Medical Equipment	No charge	No charge	You pay 20% Pre-certification required for equipment	You pay 40% Pre-certification required for equipment	You pay 10% Pre-certification required for equipment	You pay 40% Precertification required for equipment	You pay 20%	You pay 20%
Prescription	30-day supply ⁴	30-day supply	30-day supply ^{1,2,3}	30-day supply ^{1,2,3}	34-day supply ^{1,2,3}	34-day supply ^{1,2,3}	34-day supply or 100/pills units, whichever is more	
Generic	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$10 co-pay	\$10 co-pay
Brand	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$25 co-pay	\$25 co-pay
Non-formulary	\$50 co-pay	N/A	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 cop-ay	\$45 co-pay	\$45 co-pay
Compound:							\$45	Compound: \$45
Mail Order	90-day supply	90 day supply	90-day supply	90-day supply	90-day supply	90-day supply		
Generic	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$20 co-pay	
Brand	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	
Non-formulary	\$100 co-pay	N/A	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$75 co-pay	N/A

1 CVS Caremark provides prescription drug benefit management services for PERS Select, Choice & Care. These services include administration of the Retail Pharmacy Program and the Mail Service Program; delivery of specialty pharmacy products such as biotechs and injectables; clinical pharmacist consultation; and clinical collaboration with your physician to ensure you receive optimal total healthcare.**2** Mandatory generic substitution; if a brand name is requested when generic is available you will be responsible for generic co-pay and the difference between the generic and brand name. **3** Self-administered injectable medications are available under your pharmacy benefits and are no longer payable under the medical benefit. *Administered by Blue Cross. **4** Mandatory mail service for maintenance drugs. Mail Service would be mandatory after the 2nd fill of Rx at retail pharmacy, OR Member will be charged the appropriate mail service co-pay for a one-month supply at retail These benefit summaries only highlight your benefits. They are not summary plan descriptions (SPDs). **If any discrepancy exists between this summary and the official documents, the official documents will prevail.**